

ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

St Margaret Mercy Healthcare - SouthCity: Dyer County: Lake Year: **2004**

Provider Type: General Acute Hospital

| I. Inpatient Care | | | | |
|-------------------------------------|------------------------------|-----------------------------|-------------------------------|-------------------------------------|
| Hospital Service Description | Number of Set Up Beds | Number of Discharges | Number of Patient Days | Average Charge Per Discharge |
| Burn Care | 0 | 0 | 0 | \$0 |
| Cardiac Intensive | 0 | 0 | 0 | \$0 |
| ICU Med/Surg | 8 | 617 | 1,796 | \$3,996 |
| ICU Neonatal | 0 | 0 | 0 | \$0 |
| ICU Pediatric | 0 | 0 | 0 | \$0 |
| Medical/Surgical | 80 | 3,167 | 17,652 | \$3,995 |
| Neonatal Intermed | 0 | 0 | 0 | \$0 |
| Obstetrics | 16 | 596 | 1,389 | \$1,071 |
| Pediatric | 0 | 0 | 0 | \$0 |

| | | | | |
|-----------------|-----|-------|--------|----------|
| Psychiatric | 0 | 0 | 0 | \$0 |
| Rehabilitation | 0 | 0 | 0 | \$0 |
| Substance Abuse | 30 | 399 | 4,665 | \$7,383 |
| Swing Beds | NA | 40 | 60 | \$11,510 |
| Other Services | 0 | 0 | 0 | NA |
| Acute Subtotal | 134 | 4,819 | 25,562 | NA |
| Normal Newborn | 16 | 506 | 1,118 | \$1,290 |

| II. Outpatient Visits | | | |
|--|--------|---------------------|--------|
| Circulatory System | 7,719 | Digestive System | 2,532 |
| Endocrine System | 6,505 | Injuries and Poison | 7,098 |
| Mental Disorder | 3,130 | Musculoskeletal | 6,043 |
| Neoplasms | 1,256 | Nervous | 2,313 |
| Respiratory | 2,956 | Urinary | 3,457 |
| Other/Unknown | 25,974 | Total Visits | 68,983 |
| | | | |
| Number of Visits to Emergency Department | | | 18,412 |
| Percent of Emergency Department Visits of Total Visits | | | 26.7% |

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

| | | |
|---------------------------------|----------------------------|----------------------------|
| N - Ambulance Service (Owned) | Y - Alcohol/Drug Service | Y - Anesthesia Services |
| Y - Audiology | Y - Blood Bank | Y - Cardiac Cath Lab |
| Y - Cardiac-Thoracic Surgery | N - Chemotherapy Service | N - Chiropractic Service |
| Y - CT Scanner | N - Dental Service | Y - Dietetic Service |
| Y - Extracorporeal Lithotripter | N - Gerontological Service | Y - Home Health Service |
| N - Hospice | Y - Laboratory Anatomical | Y - Laboratory Clinical |
| Y - Magnetic Resonance (MRI) | Y - Neonatal Nursery | N - Neurosurgical Service |
| Y - Nuclear Medicine | Y - Occupational Therapy | Y - Operating Room |
| Y - Ophthalmic Surgery | N - Optometric Service | N - Organ Bank |
| N - Organ Transplant | Y - Orthopedic Surgery | Y - Pharmacy |
| Y - Physical Therapy | Y - PET Imaging | N - Postoperative Recovery |
| Y - Psychiatric Emergency | N - Psychiatric Child | N - Psychiatric Forensic |
| N - Psychiatric Geriatric | Y - Radiology Diagnostic | Y - Radiology Therapeutic |
| N - Reconstructive Surgery | Y - Respiratory Care | Y - Rehab Inpat CARF |
| N- Rehab Inpat Non CARF Acc | Y- Rehab Outpatient | Y- Renal Dialysis |

| | | |
|-------------------------|-----------------------------|-----------------------------|
| Y - Social Services | Y - Speech Pathology | Y - Surgical Inpatient |
| Y - Surgical Outpatient | N - Trauma Center Certified | N - Transplant Cnt Medicare |
| N - Urgent Care Center | | |

| | | | | | |
|------|----------------|-------|----------------------|------|--------------|
| NA = | Not applicable | NMF = | No meaningful figure | NR = | Not reported |
|------|----------------|-------|----------------------|------|--------------|